



# New Hampshire Breast Cancer Information



## Breast Cancer in New Hampshire, October 2007 – Issue Brief

### Breast (Female) Cancer:

- Breast cancer became the most frequently diagnosed cancer in women due to increased use of mammography in the 1980's. The American Cancer Society estimates that the increased incidence in the 1990's of invasive breast cancer was due to increased usage of mammography among women 50 years of age and older.
- The mortality rate for the whole nation, which ranks second among women behind lung cancer, decreased between 1990 and 2002, especially among women less than 50 years of age. These decreases are attributed to early detection through screening, increased awareness and advances in treatment.



### Risk Factors for Breast Cancer Include: <sup>i</sup>

- Older age
- Inherited genetic mutations
- Personal or family history of breast cancer
- High breast tissue density
- Biopsy-confirmed hyperplasia
- Long menstrual history (menstrual periods that began at an early age or ended at a later age)
- Obesity after menopause
- Never having children / having children after age 30
- Consumption of one or more alcoholic beverages per day

### Factors associated with decreasing the risk of the breast cancer are: <sup>ii</sup>



- Moderate or vigorous physical activity
- Maintaining healthy body weight
- Limit alcohol consumption
- Limit fat in your diet

### Survival Rate:

The 5-year relative survival rate for localized breast cancer is 98%, for regional spread it is 81%, and for distant metastases it is 26%. For all stages combined, the survival rate after a diagnosis of breast cancer declines from 88% at 5 years to 77% at 10 years.

### Early Detection:

Clinical breast examination and mammography are considered tools for early detection. Studies have shown that early detection increases the chances of survival and provides more opportunities to use different treatment options.

### Screening Guidelines: <sup>iii</sup>

Breast Cancer Screening Guidelines recommended by the New Hampshire Breast and Cervical Cancer Program are as follows:

#### *Women aged 18-39:*

- Occasional breast self-examination
- Breast check at annual health care visit
- Medical assessment to determine mammogram need <age 40



#### *Women aged 40+:*

- Occasional breast self-examination
- Mammogram every 1-2 years
- Breast check at annual health care visit

## Data about Breast Cancer in New Hampshire

**Table 1: Breast Cancer (Female): Age-Adjusted Incidence and Mortality Rates, 2000-2004.**

Age-adjusted Incidence Rate/100,000 (95% CI)		
2004 NH Cancers	2000-2004 New Hampshire	2000-2004 US
948	133.9(130.0,137.7)	132.5

Age-adjusted Mortality Rate/100,000 (95% CI)		
2004 NH Deaths	2000-2004 New Hampshire	2000-2004 US
180	24.7(23.1,26.3)	25.0

The table above shows that the incidence rate at which the female population in New Hampshire gets breast cancer is within the expected rate for the general female population in the United States. The NH death rate for breast cancer is also similar to the US death rate.

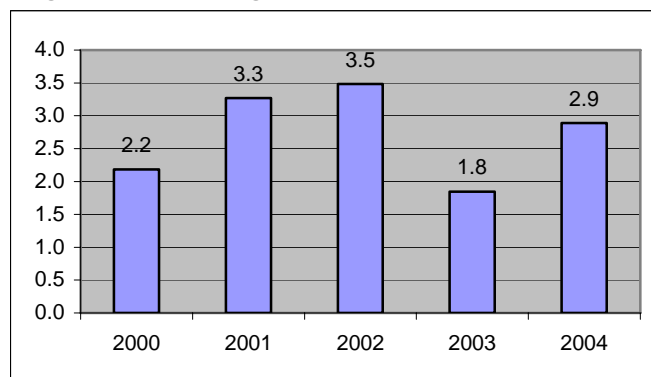
**Table 2: Breast Cancer (Female): New cases and Deaths by County, 2004**

County	New Cases	Deaths
Belknap	49	12
Carroll	44	9
Cheshire	59	13
Coos	30	8
Grafton	63	6
Hillsborough	265	47
Merrimack	124	24
Rockingham	210	39
Strafford	73	16
Sullivan	31	6
<b>State Total</b>	<b>948</b>	<b>180</b>

### Breast Cancer Stage at Diagnosis, 2004:

Breast cancer was found In Situ (early cancer that is present only in the layer of cells in which it began) in 22% of the cases in 2004. Localized (cancer that is limited to the organ in which it began, without evidence of spread), in 50%. Regional (cancer that has spread beyond the original or primary site to nearby lymph nodes or organs and tissues) in 23%, and Distant (cancer that has spread from the primary site to distant organs or distant lymph nodes) in 3% of cases. <sup>iv</sup>

**Chart 1: Breast Cancer (Female): Late Stage Diagnosis Percentages, 2000-2004**



The percent of breast cancers diagnosed at a late stage decreased in 2003, and increased in 2004. Early detection is the key to identifying cancers in their earlier stages when treatment may have better success and be less severe.



For more information about how to access breast and cervical cancer screening services in New Hampshire, contact:  
NH DHHS "Let No Woman Be Overlooked" program at  
1-800-852-3345 ext. 4931 (in NH) or 1-603-271-4931.



<sup>i</sup> <http://www.cancer.gov/cancertopics/wyntk/breast/page4H>

<sup>ii</sup> <http://www.mayoclinic.com/health/breast-cancer-prevention/WO00091H>

<sup>iii</sup> [http://www.cancer.org/docroot/NWS/content/NWS\\_1\\_1x\\_Updated\\_Breast\\_Cancer\\_Screening\\_Guidelines\\_Released.aspH](http://www.cancer.org/docroot/NWS/content/NWS_1_1x_Updated_Breast_Cancer_Screening_Guidelines_Released.aspH)

<sup>iv</sup> <http://www.cancer.gov/cancertopics/factsheet/Detection/stagingH>